

REPORT - HIPAA 835 to Finance-RPS mapped fields only

<i>Loop</i>	<i>SegID</i>	<i>HIPAA Name</i>	<i>DT</i>	<i>Req</i>	<i>File</i>	<i>Field</i>	<i>DT</i>	<i>Comment</i>	<i>CommentType</i>
		Health Care Claim Payment/Advice							Translation
	ST	Transaction Set Header		R					Translation
	BPR	Financial Information		R					Translation
	TRN	Reassociation Trace Number		R					Translation
	CUR	Foreign Currency Information		S					Translation
	REF	Receiver Identification		S					Translation
	REF	Version Identification		S					Translation
	DTM	Production Date		S					Translation
1000A	N 1	Payer Identification		R					Translation
1000A	N 1	Payer Identification		R					Translation
1000A	N 102	Payer Name	AN60	S	RPS-INS-REC	INS-CO-NAME	X(40)		Not Used
1000A	N 104	Payer Identifier	AN80	S	RPS-INS-REC	INS-CCC	X(03)		Not Used
1000A	N 3	Payer Address		R					Translation
1000A	N 301	Payer Address Line	AN55	R	RPS-INS-REC	INS-CO-ADDR1	X(24)		Not Used
1000A	N 302	Payer Address Line	AN55	S	RPS-INS-REC	INS-CO-ADDR2	X(24)		Not Used
1000A	N 4	Payer City, State, ZIP Code		R					Translation
1000A	N 401	Payer City Name	AN30	R	RPS-INS-REC	INS-CO-CITY	X(23)		Not Used
1000A	N 402	Payer State Code	ID2	R	RPS-INS-REC	INS-CO-STATE	X(02)		Not Used

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1000A	N 403	Payer Postal Zone or ZIP Code	ID15	R	RPS-INS-REC	INS-CO-ZIP	X(12)		Not Used
1000A	REF	Additional Payer Identification		S					Not Used
1000A	PER	Payer Contact Information		S					Translation
1000B	N 1	Payee Identification		R					Translation
1000B	N 1	Payee Identification		R					Not Used
1000B	N 102	Payee Name	AN60	S				Would be either ESH or WSH, depending on who submitted the original claim.	Not Used
1000B	N 104	Payee Identification Code	AN80	R				ID would be for whichever hospital submitted the original claim.	Not Used
1000B	N 3	Payee Address		S					Translation
1000B	N 301	Payee Address Line	AN55	R				Would be the address for whichever hospital submitted the original claim.	Not Used
1000B	N 302	Payee Address Line	AN55	S				Would be the address for whichever hospital submitted the original claim.	Not Used
1000B	N 4	Payee City, State, ZIP Code		S					Translation
1000B	N 401	Payee City Name	AN30	R				Would be the address for whichever hospital submitted the original claim.	Not Used
1000B	N 402	Payee State Code	ID2	R				Would be the address for whichever hospital submitted the original claim.	Not Used
1000B	N 403	Payee Postal Zone or ZIP Code	ID15	R				Would be the address for whichever hospital submitted the original claim.	Not Used
1000B	N 404	Country Code	ID3	S				Would be the address for whichever hospital submitted the original claim.	Not Used
1000B	REF	Payee Additional Identification		S					Translation

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2000	LX	Header Number		S					Translation
2000	LX	Header Number		S					Translation
2000	TS3	Provider Summary Information		S					Translation
2000	TS302	Facility Type Code	AN2	R	RPS-FAO-REC	FAO-TYPE	X(03)		Not Used
2000	TS305	Total Claim Charge Amount	R18	R	RPS-CHG-REC	CHG-AMT	S9(05) V99	Assumption: Current 837 process is to submit 1 claim per CPT code; that means one charge per claim. This total claim charge amount would be the result of that claim. If we send multiple charges per claim in the future, then this amount will reflect the entire charges for that patient instead of per procedure. RPS has a "Total Claim Charge", but it is the same as the single procedure charge. That will have to change.	Not Used
2000	TS306	Total Covered Charge Amount	R18	S				Assumption: This is the "Allowed" field on the current ERA Report. Was not given a legacy element for this data.	Missing Legacy Data
2000	TS307	Total Noncovered Charge Amount	R18	S				Assumption: This is the "Not Covered" field on the current ERA Report. Was not given a legacy element for this data.	Missing Legacy Data
2000	TS308	Total Denied Charge Amount	R18	S				Assumption: This is the "Disallowed" field on the current ERA Report. Was not given a legacy element for this data.	Missing Legacy Data

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2000	TS309	Total Provider Payment Amount	R18	S				<p>Assumption #1: This is the "Allowed" field on the current ERA Report. Was not given a legacy element for this data.</p> <p>Assumption#2: This amount would need to go into the RPS program for balancing purposes and to show that payment was received. Not knowing the system and how it works, it's hard to say whether this is loaded into a separate field from the current balance or if it is subtracted from the current balance field.</p>	Missing Legacy Data
2000	TS310	Total Interest Amount	R18	S				Assumption: This is the "Int" field on the current ERA Report. Was not given a legacy element for this data.	Missing Legacy Data
2000	TS316	Total Coinsurance Amount	R18	S				<p>Assumption: This is the "Co-ins" field on the current ERA Report. Was not given a legacy element for this data.</p> <p>Ron says this does go in to RPS, so we're going to need a data element.</p>	Missing Legacy Data
2000	TS319	Total Deductible Amount	R18	S				<p>Assumption: This is the "Deduct" field on the current ERA Report. Was not given a legacy element for this data.</p> <p>This was not a field that Ron highlighted as going in to the RPS program, however, it is on the ERA Report.</p>	Missing Legacy Data
2000	TS2	Provider Supplemental Summary Information		S					Translation
2100	CLP	Claim Payment Information		R					Translation
2100	CLP	Claim Payment Information		R					Not Used

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2100	CLP01	Patient Control Number	AN38	R	RPS-PAT-REC	PAT-ACCT	9(06)	Assumption: This is the "Acct" field on the current ERA Report.	Not Used
2100	CLP03	Total Claim Charge Amount	R18	R				Assumption: This is the "Amt Sub" field on the current ERA Report. Was not given a legacy element for this data.	Missing Legacy Data
2100	CLP04	Claim Payment Amount	R18	R				Assumption: This is the "Actual Paid" field on the current ERA Report. Was not given a legacy element for this data.	Missing Legacy Data
2100	CLP08	Facility Type Code	AN2	S	RPS-FAO-REC	FAO-TYPE	X(03)		Not Used
2100	CAS	Claim Adjustment		S					Translation
2100	CAS02	Adjustment Reason Code	ID5	R				Assumption: This is the "Adj Code 1" field on the current ERA Report. Was not given a legacy element for this data.	Not Used
2100	CAS03	Adjustment Amount	R18	R				Assumption: This is the "Adj" field on the current ERA Report. Was not given a legacy element for this data. This was a field that Ron identified as a data element that would come in to RPS with the payment.	Missing Legacy Data
2100	CAS05	Adjustment Reason Code	ID5	S				Assumption: This is the "Adj Code 2" field on the current ERA Report. Was not given a legacy element for this data.	Not Used
2100	CAS06	Adjustment Amount	R18	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS07	Adjustment Quantity	R15	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used

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2100	CAS08	Adjustment Reason Code	ID5	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS09	Adjustment Amount	R18	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS10	Adjustment Quantity	R15	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS11	Adjustment Reason Code	ID5	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS12	Adjustment Amount	R18	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS13	Adjustment Quantity	R15	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS14	Adjustment Reason Code	ID5	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS15	Adjustment Amount	R18	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS16	Adjustment Quantity	R15	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS17	Adjustment Reason Code	ID5	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	CAS18	Adjustment Amount	R18	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used

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2100	CAS19	Adjustment Quantity	R15	S				Assumption: Current report only allows for 1 adjustment. Was not given a legacy element for this data.	Not Used
2100	NM1	Patient Name		R					Translation
2100	NM103	Patient Last Name	AN35	R	RPS-PAT-REC	PAT-ACCT-NAME	X(40)	ERA Report = Patient Name	Not Used
2100	NM104	Patient First Name	AN25	R	RPS-PAT-REC	PAT-ACCT-NAME	X(40)	ERA Report = Patient Name	Not Used
2100	NM105	Patient Middle Name	AN25	S	RPS-PAT-REC	PAT-ACCT-NAME	X(40)	ERA Report = Patient Name	Not Used
2100	NM107	Patient Name Suffix	AN10	S				ERA Report = Patient Name	Not Used
2100	NM109	Patient Identifier	AN80	S	RPS-PAT-REC	PAT-ACCT	9(06)	ERA Report = Acct	Not Used
2100	NM1	Insured Name		S					Translation
2100	NM103	Subscriber Last Name	AN35	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		Not Used
2100	NM104	Subscriber First Name	AN25	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		
2100	NM105	Subscriber Middle Name	AN25	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		Not Used
2100	NM107	Subscriber Name Suffix	AN10	S	RPS-INS-REC	INS-SUBSCRIB-NAME	X(40)		Not Used
2100	NM109	Subscriber Identifier	AN80	R	RPS-INS-REC	INS-INSID-ID	X(20)		Not Used
2100	NM1	Corrected Patient/Insured Name		S					Translation
2100	NM103	Corrected Patient or Insured Last Name	AN35	S				What are we going to do if we get this info?	System Questions
2100	NM104	Corrected Patient or Insured First Name	AN25	S				What are we going to do if we get this info?	System Questions
2100	NM105	Corrected Patient or Insured Middle Name	AN25	S				What are we going to do if we get this info?	System Questions
2100	NM107	Corrected Patient or Insured Name Suffix	AN10	S				What are we going to do if we get this info?	System Questions
2100	NM109	Corrected Insured Identification Indicator	AN80	S				What are we going to do if we get this info?	System Questions

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2100	NM1	Service Provider Name		S					Not Used
2100	NM1	Crossover Carrier Name		S					Translation
2100	NM1	Corrected Priority Payer Name		S					Translation
2100	MIA	Inpatient Adjudication Information		S					Translation
2100	MIA01	Covered Days or Visits Count	R15	R	RPS-INS-REC	INS-CVRG-DAYS	9(03)		
2100	MOA	Outpatient Adjudication Information		S					Translation
2100	REF	Other Claim Related Identification		S					Translation
2100	REF	Rendering Provider Identification		S					Translation
2100	DTM	Claim Date		S					Translation
2100	DTM02	Claim Date	DT8	R				Assume this is the "From" and "To" date, or maybe it's the date the claim was sent in the first place (on the 837)....	Missing Legacy Data
2100	PER	Claim Contact Information		S					Translation
2100	PER02	Claim Contact Name	AN60	S				This would be Rita Vess (the Bill Contact from the 837)	Not Used
2100	AMT	Claim Supplemental Information		S					Translation
2100	QTY	Claim Supplemental Information Quantity		S					Translation
2110	SVC	Service Payment Information		S					Translation

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2110	SVC	Service Payment Information		S					Translation
2110	SVC01	Procedure Code	AN48	R	RPS-CHG-REC	CHG-CPT	X(08)	First 5 characters	Not Used
2110	SVC01	Procedure Modifier	AN2	S	RPS-CHG-REC	CHG-CPT	X(08)	Last 2 characters.	Not Used
2110	SVC01	Procedure Modifier	AN2	S				Current process only allows 1 per claim.	Not Used
2110	SVC01	Procedure Modifier	AN2	S				Current process only allows 1 per claim.	Not Used
2110	SVC01	Procedure Modifier	AN2	S				Current process only allows 1 per claim.	Not Used
2110	SVC02	Line Item Charge Amount	R18	R	RPS-CHG-REC	CHG-AMT	S9(05) V99	Assume this is the "Amt Sub" column on the ERA	Not Used
2110	SVC03	Line Item Provider Payment Amount	R18	R				Assume this is the "Actual Paid" on the ERA.	Not Used
2110	SVC05	Units of Service Paid Count	R15	S	RPS-CHG-REC	CHG-UNIT-NO	X(03)	This legacy connection seems to indicate "Charge" instead of "paid". Is it correct?	System Questions
2110	SVC06	Procedure Code	AN48	R				Current process only allows 1 per claim.	Not Used
2110	SVC06	Procedure Modifier	AN2	S				Current process only allows 1 per claim.	Not Used
2110	SVC06	Procedure Modifier	AN2	S				Current process only allows 1 per claim.	Not Used
2110	SVC06	Procedure Code Description	AN80	S				Current process only allows 1 per claim.	Not Used
2110	SVC07	Original Units of Service Count	R15	S				I think there is a legacy connection to this. I'll look it up later.	System Questions
2110	DTM	Service Date		S					

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2110	DTM02	Service Date	DT8	R				We would have sent this data with the claim. Where did it come from?	Missing Legacy Data
2110	CAS	Service Adjustment		S					Translation
2110	CAS02	Adjustment Reason Code	ID5	R	RPS-ADJ-REC	ADJ-ADJ-CODE	X(02)	Current process only allows 1 per claim.	Not Used
2110	CAS03	Adjustment Amount	R18	R	RPS-ADJ-REC	ADJ-AMOUNT	S9(05) V99	Current process only allows 1 per claim.	Not Used
2110	CAS04	Adjustment Quantity	R15	S				Current process only allows 1 per claim.	Not Used
2110	CAS05	Adjustment Reason Code	ID5	S				Current process only allows 1 per claim.	Not Used
2110	CAS06	Adjustment Amount	R18	S				Current process only allows 1 per claim.	Not Used
2110	CAS07	Adjustment Quantity	R15	S				Current process only allows 1 per claim.	Not Used
2110	CAS08	Adjustment Reason Code	ID5	S				Current process only allows 1 per claim.	Not Used
2110	CAS09	Adjustment Amount	R18	S				Current process only allows 1 per claim.	Not Used
2110	CAS10	Adjustment Quantity	R15	S				Current process only allows 1 per claim.	Not Used
2110	CAS11	Adjustment Reason Code	ID5	S				Current process only allows 1 per claim.	Not Used
2110	CAS12	Adjustment Amount	R18	S				Current process only allows 1 per claim.	Not Used
2110	CAS13	Adjustment Quantity	R15	S				Current process only allows 1 per claim.	Not Used
2110	CAS14	Adjustment Reason Code	ID5	S				Current process only allows 1 per claim.	Not Used
2110	CAS15	Adjustment Amount	R18	S				Current process only allows 1 per claim.	Not Used

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2110	CAS16	Adjustment Quantity	R15	S				Current process only allows 1 per claim.	Not Used
2110	CAS17	Adjustment Reason Code	ID5	S				Current process only allows 1 per claim.	Not Used
2110	CAS18	Adjustment Amount	R18	S				Current process only allows 1 per claim.	Not Used
2110	REF	Service Identification		S					Translation
2110	REF	Rendering Provider Information		S					Translation
2110	AMT	Service Supplemental Amount		S					Translation
2110	QTY	Service Supplemental Quantity		S					Translation
2110	LQ	Health Care Remark Codes		S					Translation
2110	PLB	Provider Adjustment		S					Translation
2110	SE	Transaction Set Trailer		R					Not Used

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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)